



11-04-04

IPW

N1423-044

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of )  
DENNIS L. SCHULTZE )  
Serial No. 10/761,646 ) Examiner: To Be Assigned  
Filed: January 20, 2004 ) Group Art Unit: 1638  
For: Soybean Cultivar S030153 )

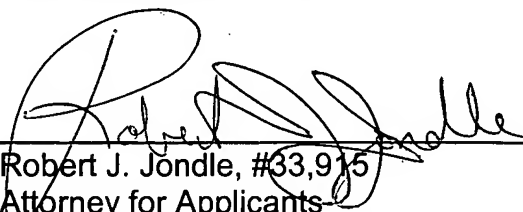
INFORMATION DISCLOSURE STATEMENT

Assistant Commissioner for Patents  
Washington, D.C. 20231

Dear Sir:

Under the provisions of 37 C.F.R. §§ 1.56, 1.97 and 1.98, Applicant submits herewith copies of publications that the Office may wish to consider in examination of the subject application. The publications are listed on the attached form PTO-1449.

Respectfully submitted,

By   
Robert J. Jondle, #33,915  
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# **INFORMATION DISCLOSURE STATEMENT BY APPLICANT**

*Complete if Known*

Application Number	10/761,646
Filing Date	January 20, 2004
First Named Inventor	Dennis L. SCHULTZE
Group Art Unit	1638
Examiner Name	To Be Assigned

Sheet 1 of 1

Attorney Docket Number N1423-044

## **U.S. PATENT DOCUMENTS**

Examiner Initials*	Cite No. <sup>1</sup>	U.S. Patent Document		Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY
		Number Code	Kind (if known)		
		5,908,977		Eby, William H.	06-01-1999

## **OTHER PRIOR ART - NON PATENT LITERATURE DOCUMENTS**

Examiner Initials*	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published	T <sup>6</sup>

Examiner Signature		Date Considered	
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup>Unique citation designation number. <sup>2</sup>Applicant is to place a check mark here if English language Translation is attached.



# TRANSMITTAL FORM

(To be used for all correspondence after initial filing)

Complete if Known

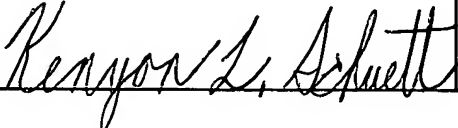
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Examiner Name	
Group Art Unit	
Attorney Docket Number	1423-044

Total Number of Pages in This Submission 3

## ENCLOSURES (check all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Fee Transmittal Form                                | <input type="checkbox"/> Assignment Papers  | <input type="checkbox"/> After Allowance Communication to Group                            |
| <input type="checkbox"/> Fee Attached  | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences        |
| <input type="checkbox"/> Amendment/Reply                                     | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition   | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Affidavits/declaration(s)                           | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Status Letter   |
| <input type="checkbox"/> Extension of Time Request                           | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):            |
| <input type="checkbox"/> Express Abandonment Request                         | <input type="checkbox"/> Terminal Disclaimer  | 1) Certificate of Express Mail Label No. EV207751971US                                     |
| <input checked="" type="checkbox"/> Information Disclosure Statement         | <input type="checkbox"/> Request for Refund   |  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)              | <input type="checkbox"/> CD, Number of CD(s)  |  |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application   |   |  |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 |   |  |

REMARKS:

SUBMITTED BY		Complete (if applicable)			
NAME & REG. NUMBER	Kenyon L. Schuett, Reg No. 44,324				
SIGNATURE		DATE	November 3, 2004	DEPOSIT ACCOUNT USER ID	